

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$907.70 for date of service 11/29/01.
- b. The request was received on 03/18/02

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/17/02
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/02/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 05/06/02. The response from the insurance carrier was received in the Division on 05/09/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

The Requestor did not submit a letter requesting dispute resolution in their packet.

2. Respondent: letter dated 04/17/02

"We base our payments on the Texas Medical Fee Guidelines and the Texas Workers' Compensation Commission Acts and Rules."

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/29/01.
2. The denial code listed on the EOB is “F-THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/29/01	99070-ST	\$432.40	\$100.00	F	DOP	MFG SGR; (V)(B)(1-2), General Instructions (GI)(III)(A); TWCC Rule Sec. 413.011 (d)	The issue is what is “fair and reasonable” reimbursement for the services rendered. The referenced GI states, “...(DOP) in the ...(MAR) column indicates that the value of this service shall be determined by written documentation...” The burden is on the Requestor to show that the amount of reimbursement requested is “fair and reasonable.” The provider has only submitted an itemized list of charges that make up the total billed amount. The provider has not submitted documentation that demonstrates that the amount of reimbursement requested is “fair and reasonable” or that meets the criteria of Sec. 413.011 (d) of the Texas Labor Code. Therefore, no additional reimbursement is recommended.
11/29/01	99070-AS	\$675.30	\$100.00	F	DOP	MFG SGR; (V)(B)(1-2), General Instructions (GI)(III)(A); TWCC Rule Sec. 413.011 (d)	The issue is what is “fair and reasonable” reimbursement for the services rendered. The referenced GI states, “...(DOP) in the ...(MAR) column indicates that the value of this service shall be determined by written documentation...” The burden is on the Requestor to show that the amount of reimbursement requested is “fair and reasonable.” The provider has only submitted an itemized list of charges that make up the total billed amount. The provider has not submitted documentation that demonstrates that the amount of reimbursement requested is “fair and reasonable” or that meets the criteria of Sec. 413.011 (d) of the Texas Labor Code. Therefore, no additional reimbursement is recommended.
<b>Totals</b>		\$1,107.70	\$200.00				The Requestor is <b>not</b> entitled to additional reimbursement.

The above Findings and Decision is hereby issued this 10<sup>th</sup> day of July 2002.

Michael Bucklin, LVN  
 Medical Dispute Resolution Officer  
 Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.